



Oregon

Tina Kotek, Governor

Department of Environmental Quality
Western Region Eugene Office
165 East 7th Avenue, Suite 100
Eugene, OR 97401
(541) 686-7838
FAX (541) 686-7551
TTY 711

August 26, 2025

Richard Devin
Devin Oil Company, Inc.
P.O. Box 105
Hermiston, OR 97838

RE: UST Compliance Inspection
DEQ UST #8058
Arlington Shell
100 Beech St.
Arlington, OR 97812

To Mr. Devin,

Please read this entire notice and contact the DEQ inspector if you have questions about the upcoming inspection.

The Oregon Department of Environmental Quality (DEQ) is conducting underground storage tank (UST) inspections throughout Oregon. The purpose of this letter is to inform you that your facility, among others, has been selected for inspection. A thorough inspection of your facility will be conducted to determine compliance with state and federal UST requirements. The date you receive this letter is the date that the inspection starts. If you have work done after that date, you will need to have the previous set of records available for evaluation in addition to the most recent records.

The compliance inspection for this facility is scheduled for September 16, 2025 starting at approximately 12:00 pm.

You must contact the inspector at least two (2) weeks prior to the date above to reschedule if you are unavailable at the stated time. Failure to reschedule within this timeframe may result in enforcement actions if equipment or records are not made available.

The inspection will require **uninterrupted participation** and attendance by you or a knowledgeable assistant. You should expect that you won't be able to attend to customers or vendors and should staff accordingly. For the inspection **you need to provide access** to tank sumps, under dispenser areas, cathodic protection rectifiers, and leak monitoring equipment. DEQ will not touch the equipment or lift lids. **If you are unable to assist with equipment access, please have your UST Service Provider there.** This inspection may also include review of Stage I Vapor Recovery.

The DEQ requests the following documentation be prepared and available on-site during the inspection

- Line and leak detector testing results (most recent (3) years)
- Monthly tank leak detection records (12 months),
- Annual tank gauge / release detection equipment certification (most recent 3 years)
- Spill prevention testing records (past (2) tests)
- Overfill Prevention Equipment testing (past (2) tests)
- Cathodic protection testing (if applicable | past (2) tests)
- Tank lining records (if applicable)
- Monthly walkthroughs (12 months)
- Annual walkthroughs (most recent (3) years)
- Class A, B, and C training documentation.
- Financial responsibility mechanism.

Any documents not available prior to or on-site during the inspection may result in a violation. Documents submitted after the inspection will only be evaluated as a corrective action and does not alter pursuit of enforcement action per guidance. Ie. Fines are not removed if documents are submitted AFTER the inspection.

For UST violations, enforcement usually begins with a field citation option, which is much like paying a traffic ticket and making corrections. Some enforcement situations, including repeat violations and significant compliance deficiencies, will go through a longer and more formal process through the Office of Compliance and Enforcement and can potentially lead to larger penalties.

As stated previously, DEQ will not touch any equipment and if you are unable to assist with equipment access, please have your UST Service Provider there to remove manway or sump lids. DEQ will need to observe what equipment is in the tank top sumps and under the dispensers. If ball floats are the primary overfill protection device, these will need to be verified during the inspection, please be able to locate and remove the ball floats.

Thank you for your cooperation. I can be reached at 541-215-2368 or dylan.eckert@deq.oregon.gov to answer any questions you may have and assist you in the preparation for your inspection.

Sincerely,

Dylan Eckert

Dylan Eckert
Natural Resource Specialist - Inspector
Underground Storage Tanks Program

Submitted By: dylan.eckert_deq

Submitted Time: September 16, 2025 2:10 PM

Creation Time: September 30, 2025 5:01 PM

Date

September 16, 2025

Time

12:22

UST Facility ID

8,058

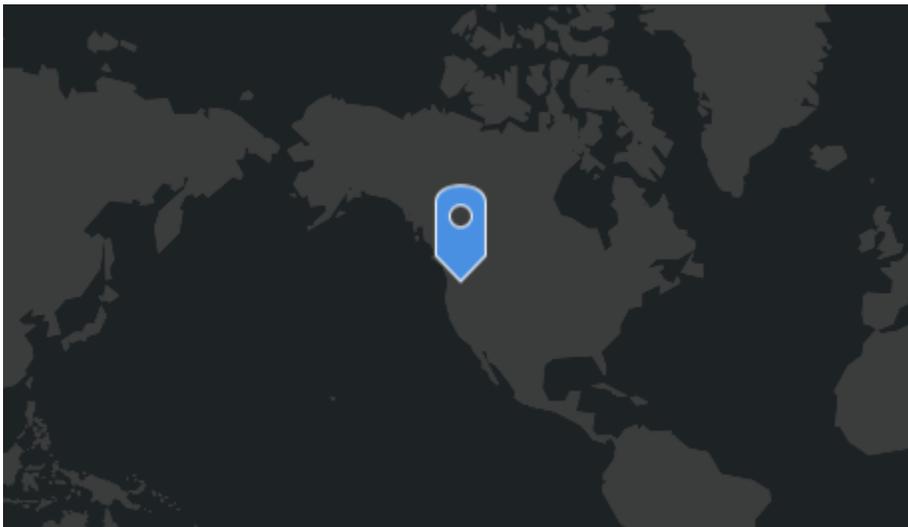
Inspector

Dylan Eckert

Type of Inspection

Full Compliance

Location



Esri, FAO, NOAA, USGS

Powered by Esri

Photograph



photos-20250916-192942rul.jpg



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photos-20250916-193642-rulnstage1.jpg



photos-20250916-193753-pulnostage1.jpg



photos-20250916-194000.jpg



photos-20250916-194030-pulneedvaporreplaced.jpg



photos-20250916-194247-die.jpg



photos-20250916-194538-diewhatdateforpiping.jpg



photos-20250916-194550.jpg



photos-20250916-195134-vents.jpg



photos-20250916-195233-910.jpg



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photos-20250916-195939-12endofline.jpg



photos-20250916-200512-34.jpg



photos-20250916-202043.jpg



Invoice Number: 2270417

Date: 3/31/2025

PO/Release #: RICH

SME Ref #: 615551

Bill To:
 Devin Oil Co
 PO Box 105
 Hermiston OR 97838

Location of Work:
 Shell NW044
 100 Beech St
 Arlington OR 97812



Description	Measure	Qty.	Price	Extended
Compliance testing: Tank monitor certification, leak detector test and line test. See attached work order(s) for additional information.				
Labor: ISMAELA on 03/18/2025	HRS	1.75	\$0.00	\$0.00
Travel: ISMAELA on 03/18/2025	HRS	3.00	\$0.00	\$0.00
Labor: JHOVANYM on 03/18/2025	HRS	3.00	\$115.00	\$345.00
Travel: JHOVANYM on 03/18/2025	HRS	1.50	\$115.00	\$172.50
Labor: STEVEP on 03/18/2025	HRS	2.75	\$115.00	\$316.25
Travel: STEVEP on 03/18/2025	HRS	1.25	\$115.00	\$143.75
Third Party Certification	EA	1.00	\$180.00	\$180.00
Misc Safety Equipment	EA	2	\$17.00	\$34.00
Fuel Surcharge	EA	1	\$13.25	\$13.25

*For your convenience, we accept credit cards.

NET 10

***** CONTINUED ON NEXT PAGE*****

Sub-total:
 Tax:
 Total Due:

** See attached for signatures and detail of work performed **

680 Quinn Avenue, San Jose, CA 95112 253-572-3822 office 253-572-0978 fax

California CCB# 974078 Oregon CCB#174332 Washington CCB# SMESOL*935CH

photos-20250916-202746.jpg



Invoice Number 227601
Date: 3/31/2025
PO/Release #: RICH
SME Ref #: 615551

Bill To:
MDEV001
Devin Oil Co
PO Box 105
Hermiston OR 97838

Location of Work:
M0156-NW044
Shell NW044
100 Beech St
Arlington OR 97812



Description	Measure	Qty.	Price	Extended
Mileage Charges	MILE	45	\$1.15	\$51.75
Mileage Charges	MILE	40	\$1.15	\$46.00
Per Diem Charge (Per Resource)	EA	1.00	\$91.66	\$91.66
NET 10				
Sub-total:				\$1,394.16
Tax:				\$0.00
Total Due:				\$1,394.16

your convenience, we accept credit cards.

** See attached for signatures and detail of work performed **

680 Quinn Avenue, San Jose, CA 95112 253-572-3822 office 253-572-0978 fax
California CCB# 974078 Oregon CCB#174332 Washington CCB# SMESOL*935CH

photos-20250916-202753.jpg

100 Beach St

Date of Testing/Service: 3/18/2024

Tank Gauging/ SIR Equipment

Check this box if tank gauging is used only for inventory control.
 Check this box if no tank gauging or SIR equipment is installed.

Action must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue build-up?
<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

E. Line Leak Detectors (LLD):
 Complete the following checklist:

Check this box if LLD's are not installed

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For equipment start-up or annual equipment certification was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h. (1); <input type="checkbox"/> 0.1 g.p.h. (2); <input type="checkbox"/> 0.2 g.p.h. (2). Notes: 1. Required for equipment start-up certification and annual certification. 2. Unless mandated by local agency, certification required only for electronic LLD Startup.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLD's confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For mechanical LLD's, does the LLD restrict product flow if it detects a leak?
	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLD's, does the turbine automatically shut off if the LLD detects a leak?
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLD's, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLD's, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLD's, have all accessible wiring connections been visually inspected?
	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

***In section G below, describe how and when these deficiencies were or will be corrected.**

F. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturer guidelines. Attached to this Certification is information (e.g. manufacturers' checklist) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the; (Check all that apply)

System set-up Alarm History Report

G. Comments

Diesel STP sump Sensor is not wired to Veeder-Root.

Technician Name: Eli Olson Signature: Eli Olson

Mfg. Cert.#: C33201 ICC# 10267749 License No.: _____

Testing Company Name: SME Solutions, LLC. Phone No.: (253) 572-3822

Testing Company Address: 10107 South Tacoma Way #A2-Lakewood, WA. Date of Testing/Service: 3/18/2024

Monitoring System Certification - Page of

photos-20250916-203007.jpg

Date 03/31/2023



Invoice Number: 2176025

Date: 3/31/2023

PO/Release #: RICH

SME Ref #: 507062

Bill To: E-MAILED APR 13 2023

MDEVN001
Devin Oil Co
PO Box 105
Hermiston OR 97838

Location of Work:

M0156-NW044
Shell NW044
100 Beach St
Arlington OR 97812

APR 13 2023



Description	Measure	Qty.	Price	Extended
Compliance Testing: tank monitor certification, leak detector test, overfill prevention, secondary containment testing & line tests. See attached work order(s) for additional information.				
Labor Per Bid	EA	1	\$1,250.00	\$1,250.00
RECOMMENDATIONS They are in recommendations				

For your convenience, we accept credit cards.

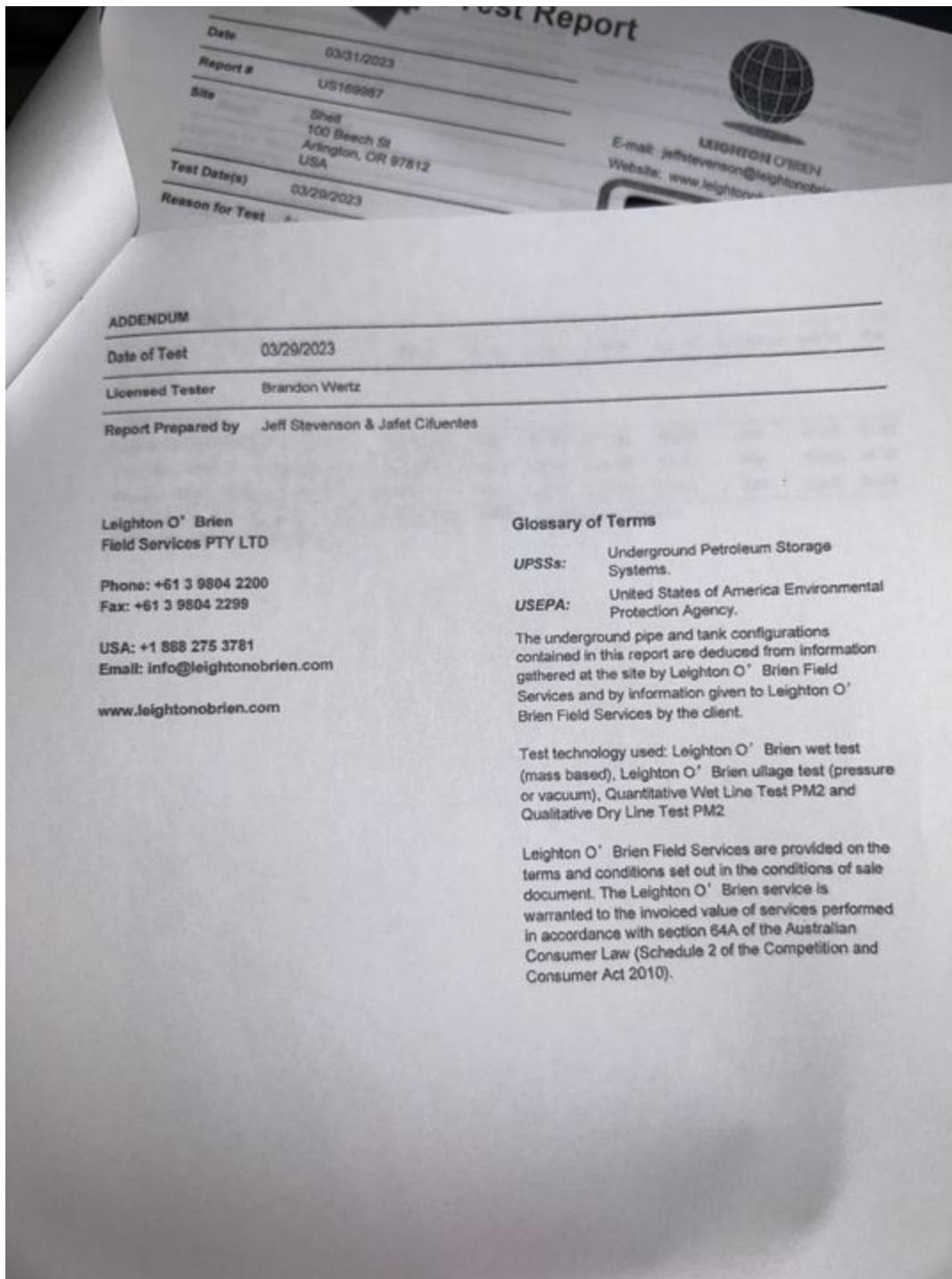
NET 10

Sub-total: \$1,250.00
Tax: \$0.00
Total Due: \$1,250.00

** See attached for signatures and detail of work performed **

680 Quinn Avenue, San Jose, CA 95112 253-572-3822 office 253-572-0978 fax
California CCB# 974078 Oregon CCB#174332 Washington CCB# SMESOL*935CH

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Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submission to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Shell		Date of Testing: 2023-03-29	
Facility Address: 100 Beech St, Arlington, OR 97812			
Facility Contact: Manager		Phone:	
Date Local Agency Was Notified of Testing:		<input type="checkbox"/> Initial	<input type="checkbox"/> Repair Test
Name of Local Agency Inspector (if present during testing):		<input type="checkbox"/> 6 Month	<input type="checkbox"/> Other
		<input checked="" type="checkbox"/> Triennial	

2. TESTING CONTRACTOR INFORMATION

Company Name: SME Solutions, LLC			
Technician Conducting Test: Steve Parmenter			
Credentials: <input checked="" type="checkbox"/> CSLB Licensed Contractor <input type="checkbox"/> SWRCB Licensed Tank Tester <input checked="" type="checkbox"/> ICC UST Service Technician			
License Type:		License Number: 8818946	
Manufacturer: EBW		Manufacturer Training	
		Component(s):	
		Date Training Expires:	

3. SUMMARY OF TEST RESULTS

Component	TEST RESULTS				Component	TEST RESULTS			
	Pass	Fail	Not Tested	Repairs Made		Pass	Fail	Not Tested	Repairs Made
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

For any equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification System printout attached.

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING
To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature:

Date: 2023-03-29

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SOLUTIONS, LLC
Service Distributor: SME Solutions, LLC
www.smeincorp.com
Tel. 253.477.1111

Address: 100 Beech St Date of Testing/Service: 3/29/2023

In - Tank Gauging/ SIR Equipment

Check this box if tank gauging is used only for inventory control.
 Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue build-up?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*In section G below, describe how and when these deficiencies were or will be corrected.

E. Line Leak Detectors (LLD):

Complete the following checklist: Check this box if LLD's are not installed

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For equipment start-up or annual equipment certification was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h. (1); <input type="checkbox"/> 0.1 g.p.h. (2); <input type="checkbox"/> 0.2 g.p.h. (2). Notes: 1. Required for equipment start-up certification and annual certification. 2. Unless mandated by local agency, certification required only for electronic LLD Startup.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLD's confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For mechanical LLD's, does the LLD restrict product flow is it detects a leak?
	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLD's, does the turbine automatically shut off if the LLD detects a leak?
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLD's, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLD's, does the turbine automatically shut off if any portion of the monitoring system is malfunctions or fails a test?
	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	For electronic LLD's, have all accessible wiring connections been visually inspected?
	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*In section G below, describe how and when these deficiencies were or will be corrected.

F. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturer's guidelines. Attached to this Certification is information (e.g. manufacturers' checklist) necessary to verify that this information is correct. For any equipment capable of generating such reports, I have also attached a copy of the: (Check all that apply)

System set-up Alarm History Report

G. Comments

DSL sump Sensor not landed to veeeder root, sensor is not being monitored or powered

Technician Name: Steve Parmenter Signature: 

Mfg. Cert.#: A28780 ICC# 8818846 License No.: _____

Testing Company Name: SME Solutions, LLC. Phone No.: (253) 572-3822

Testing Company Address: 10107 S. Tacoma Way-#A2 Lakewood, WA. 984 Date of Testing/Service: 3/29/2023

Monitoring System Certification - Page of _____

photos-20250916-203205.jpg

UNDERGROUND STORAGE TANK OVERFILL PREVENTION EQUIPMENT INSPECTION REPORT FORM (Page 1 of 1)

Installation Inspection Repair Inspection 30 Month Inspection

I. FACILITY INFORMATION

Business Name (Same as Facility Name or D&A-Doing Business As) Date of Overfill Prevention Equipment Inspection
Arlington Shell (Devin Oil) 3/29/23

Business Site Address City ZIP Code
100 Beech ST Arlington OR 97812

II. UNDERGROUND STORAGE TANK SERVICE TECHNICIAN INFORMATION

Name of UST Service Technician Performing the Inspection (Print as shown on the ICC Certification) Phone #
Steve Parmenter

Contractor / Tank Tester License # ICC Certification # ICC Certification Expiration Date
8818846 8/23/23

Overfill Prevention Equipment Inspection Training and Certifications (List applicable certifications.)

III. OVERFILL PREVENTION EQUIPMENT INSPECTION INFORMATION

Inspection Method Used: Manufacturer Guidelines (Specify: Veeder Root)
 Industry Code or Engineering Standard (Specify):
 Engineered Method (Specify):

Attach the inspection procedures and all documentation required to determine the results. # of Attached Pages

TANK ID: (By tank number, stored product, etc.)	1	2	3
What is the tank inside diameter? (Inches)			
Is the fill piping secondarily contained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the vent piping secondarily contained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overfill Prevention Equipment Manufacturer(s)	Veeder Root		
What is the overfill prevention equipment response when activated? (Check all that apply.)	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> AV Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> AV Alarm	<input type="checkbox"/> Shuts Off Flow <input type="checkbox"/> Restricts Flow <input checked="" type="checkbox"/> AV Alarm
Are flow restrictors installed on vent piping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
At what level in the tank is the overfill prevention set to activate? (Inches from bottom of tank.)	80	80	80
What is the percent capacity of the tank at which the overfill prevention equipment activates?	90	90	90
Is the overfill prevention in proper operating condition to respond when the substance reaches the appropriate level?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Specify in V.)

IV. SUMMARY OF INSPECTION RESULTS

Overfill Prevention Inspection Results Pass Fail Pass Fail Pass Fail Pass Fail

V. COMMENTS

Any items marked "Fail" must be explained in this section. Any additional comments may also be provided here.

VI. CERTIFICATION BY UST SERVICE TECHNICIAN CONDUCTING THIS INSPECTION

I hereby certify that the overfill prevention equipment was inspected and all the information contained herein is accurate.

UST Service Technician Signature 

If the facility has more components than this form accommodates, additional copies of this page may be attached.
ID = Identification, UST = Underground Storage Tank, ICC = International Code Council, AV = Audible and Visual

photos-20250916-203231.jpg

ARLINGTON
100 BEACH STREET
ARLINGTON, OR 97812
541-454-2790

SEP 1, 2025 4:22 AM

SYSTEM STATUS REPORT
ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:REGULAR UNLEAD
VOLUME = 9081 GALS
ULLAGE = 3070 GALS
90% ULLAGE= 1854 GALS
TC VOLUME = 8991 GALS
HEIGHT = 66.47 INCHES
WATER VOL = 0 GALS
WATER = 0.00 INCHES
TEMP = 74.2 DEG F

T 2:V-POWER
VOLUME = 1290 GALS
ULLAGE = 8736 GALS
90% ULLAGE= 7733 GALS
TC VOLUME = 1277 GALS
HEIGHT = 17.86 INCHES
WATER VOL = 5 GALS
WATER = 0.40 INCHES
TEMP = 74.1 DEG F

T 3:DIESE - JET
VOLUME = 2573 GALS
ULLAGE = 5417 GALS
90% ULLAGE= 4618 GALS
TC VOLUME = 2551 GALS
HEIGHT = 34.36 INCHES
WATER VOL = 7 GALS
WATER = 0.66 INCHES
TEMP = 76.6 DEG F

***** END *****

ARLINGTON
100 BEACH STREET
ARLINGTON, OR 97812
541-454-2790

SEP 1, 2025 4:22 AM

CSLD TEST RESULTS

SEP 1, 2025 4:22 AM

T 1:REGULAR UNLEAD
PROBE SERIAL NUM 766733

0.2 GAL/HR TEST
PER: SEP 1, 2025 PASS

T 2:V-POWER
PROBE SERIAL NUM 776133

0.2 GAL/HR TEST
PER: SEP 1, 2025 PASS

T 3:DIESE - JET
PROBE SERIAL NUM 776157

0.2 GAL/HR TEST
PER: SEP 1, 2025 PASS

***** END *****

APPENDIX A-4: SAMPLE FORM FOR AN OPTIONAL PERIODIC UST TEST

Go to www.prl.org/RP800

Category	Description
Leak Detection	The owner is on site and no warning or alarm lights appear. There is a liquid measurement for each tank. The owner has called and is in working order.
Automatic Tank Range (ATF)	The owner is on site and no warning or alarm lights appear. There are no cracks, bulges or holes in the soft cover. Below-grade containment is properly installed. Below-grade containment is properly installed.
Electrical Leak Detection	The owner is on site and no warning or alarm lights appear. There are no cracks, bulges or holes in the soft cover. Below-grade containment is properly installed. Below-grade containment is properly installed.
Mechanical Leak Detection	The owner is on site and no warning or alarm lights appear. There are no cracks, bulges or holes in the soft cover. Below-grade containment is properly installed. Below-grade containment is properly installed.
Task: Fill Area	The owner is on site and no warning or alarm lights appear. There are no cracks, bulges or holes in the soft cover. Below-grade containment is properly installed. Below-grade containment is properly installed.

DESCRIBE ANY DEFICIENCIES HERE:

Instructions: Mark each tank where no problem is observed with a checkmark. If a defect is found, mark the checkmark with an "X". Attach the actual label in the "DEFICIENCIES" column for additional information. Refer to your Operating Equipment for inspection procedures that apply to that equipment.

Mark checked in the left column. Refer to reference of Model.

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UST MONITORING ALARM LOG



Oregon Department of Environmental Quality

Oregon Department of Environmental Quality
Underground Storage Tank Program
700 NE Multnomah St. Suite 600, Portland, OR 97232
To report a spill or leak, call 1-800-452-4011
<http://www.oregon.gov/deq/tanks/Pages/UST.aspx>

UST FACILITY INFORMATION

UST Facility Number: _____ UST Facility Contact: _____
UST Facility Name: ARLINGTON SHELL Contact Phone: _____
Physical Address: 100 BEECH ST ARLINGOTN OR 97812

Note: Unless caused by defective equipment, report all leak and sensor alarms to DEQ within 24 hours.
Complete the following for tank monitor alarms indicating a suspected release. This includes monitoring results or alarms from any release detection method that indicates a release may have occurred, unless the monitoring device is found to be defective and is immediately repaired, recalibrated or replaced and subsequent monitoring events as required by the specific release detection method do not confirm the initial result.

Alarm Date AUGUST	Initial	Leak Test Failure Y/N	Sensor Alarm Y/N	Reported to DEQ Y/N	Comments - Alarm Resolution
1	JD	N	N	N	No Alarms
2	JD	N	N	N	No Alarms
3	JD	N	N	N	No Alarms
4	JD	N	N	N	No Alarms
5	JD	N	N	N	No Alarms
6	JD	N	N	N	No Alarms
7	JD	N	N	N	No Alarms
8	JD	N	N	N	No Alarms
9	JD	N	N	N	No Alarms
10	JD	N	N	N	No Alarms
11	JD	N	N	N	No Alarms
12	JD	N	N	N	No Alarms
13	JD	N	N	N	No Alarms
14	JD	N	N	N	No Alarms
15	JD	N	N	N	No Alarms
16	JD	N	N	N	No Alarms
17	JD	N	N	N	No Alarms
18	JD	N	N	N	No Alarms
19	JD	N	N	N	Low Fuel T1/T2
20	JD	N	N	N	No Alarms
21	JD	N	N	N	No Alarms
22	JD	N	N	N	No Alarms
23	JD	N	N	N	No Alarms
24	JD	N	N	N	No Alarms
25	JD	N	N	N	No Alarms
26	JD	N	N	N	No Alarms
27	JD	N	N	N	No Alarms
28	JD	N	N	N	No Alarms
29	JD	N	N	N	No Alarms
30	JD	N	N	N	No Alarms
31	JD	N	N	N	No Alarms

If you have questions on how to fill out this form, please contact the UST Helpline (800) 742-7678.

photos-20250916-203528.jpg

Technical Compliance Rating - UST Ins

Inspection conducted by Dylan Eckert Date 16 Sept 2025

DEQ

Facility Name: *Ardenham Shell*

Site Address: _____

City: *Ardenham*

Permittee: *Dorson*

Organization: _____

Phone: _____

DEQ # _____

Substance _____

Est. Gallons _____

Tank Material _____

Tank Install Date _____

Pipe Material _____

Pipe Type _____

Pipe Install Date _____

Overflow Device _____

Notes: *Not available to Rep/*

Printing Certificate: _____

SYSTEM SETUP
SEP 16, 2025 1:20 PM

Tank Information

<i>CBH</i>	<i>BECL</i>
<i>2</i>	<i>10</i>
<i>reses</i>	

SYSTEM UNITS
U.S.

SYSTEM LANGUAGE
ENGLISH

SYSTEM DATE/TIME FORMAT
MON DD YYYY HH:MM:SS xM

ARLINGTON
100 BEACH STREET
ARLINGTON, OR 97812
541-454-2790

SHIFT TIME 1 : 3:00 AM
SHIFT TIME 2 : 4:00 PM
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN
DISABLED
TANK ANN TST NEEDED WRN
DISABLED
LINE PER TST NEEDED WRN
DISABLED
LINE ANN TST NEEDED WRN
DISABLED

PRINT TO VOLUMES
ENABLED

photos-20250916-210021.jpg

Inspection Report

Date 16 Sept 2025 Time 12

Permittee: Doran Organization: _____ Contact: _____
 Phone: _____ Phone: _____

Facility Name: _____

Site Address: _____

City: Arline

IN-TANK SETUP

T 1: REGULAR UNLEAD

PRODUCT CODE : 1

THERMAL COEFF : .000690

TANK DIAMETER : 95.00

TANK PROFILE : 1 FT

FULL VOL : 12151

DATE SIZE: 4.0 IN. FS

WARNING : 1.5

WATER LIMIT: 2.0

ALARM FILTER: LOW

OR LABEL VOL: 12151

FILL LIMIT : 90%

10936

PRODUCT : 95%

11543

IVERY LIMIT : 10%

1215

LOW PRODUCT : 392

LEAK ALARM LIMIT: 99

SUDDEN LOSS LIMIT: 99

TANK TILT : 0.00

PROBE OFFSET : 2.00

SIPHON MANIFOLDED TANKS
 T#: NONE

LINE MANIFOLDED TANKS
 T#: NONE

LEAK MIN PERIODIC: 0%
 0

LEAK MIN ANNUAL : 0%
 0

PERIODIC TEST TYPE
 STANDARD

ANNUAL TEST FAIL
 ALARM DISABLED

PERIODIC TEST FAIL
 ALARM DISABLED

GROSS TEST FAIL
 ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TST SIPHON BREAK: OFF

VERY DELAY : 1 MIN

THRESHOLD : 10.00%

Compliance: Y

Compliance: Y

Compliance: Y N

Oct Nov Dec

Oct Nov Dec

Oct Nov Dec

Oct Nov Dec

daily (S.I.D)

photos-20250916-210032.jpg

Alan Messoff

See 12

HCA Not

rubustel.

29th 2023

daily GCU

DEQ #

Substance T 3: DIESEL ^ JET

Est. Gallons PRODUCT CODE : 3

Tank Material THERMAL COEFF : 000450

Tank Install Date TANK DIAMETER : 95.80

Pipe Material TANK PROFILE : 4 PTS

Pipe Type FULL VOL : 7990

Pipe Install Date 71.9 INCH VOL : 7990

Overfill Device 47.9 INCH VOL : 6416

Notes: 24.0 INCH VOL : 3982

1562

FLOAT SIZE: 4.0 IN.

WATER WARNING: 1.0

HIGH WATER LIMIT: 2.0

WATER ALARM FILTER: LOW

MAX OR LABEL VOL: 7990

OVERFILL LIMIT: 90%

HIGH PRODUCT: 7191

DELIVERY LIMIT: 95%

7590

10%

799

LOW PRODUCT: 275

LEAK ALARM LIMIT: 99

SUDDEN LOSS LIMIT: 99

TANK TILT: 0.00

BOBE OFFSET: 0.00

NON MANIFOLDED TANKS

LINE MANIFOLDED TANKS

T#: NONE

LEAK MIN PERIODIC: 0%

LEAK MIN ANNUAL: 0%

PERIODIC TEST TYPE STANDARD

ANNUAL TEST FAIL ALARM DISABLED

PERIODIC TEST FAIL ALARM DISABLED

GROSS TEST FAIL ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY DELAY: 3 MIN

PUMP THRESHOLD: 10.00%

Information

1 BECB3

E

10

3

Compliance: ✓

IM

IM

Aug Sep Oct Nov Dec

photos-20250916-210053.jpg

Alow Messcraft

DEQ #

Substa

Est. G LEAK TEST METHOD

Tank TEST CSLD : ALL TANK
Pd = 99%

Tank CLIMATE FACTOR: EXTREME
EVAP COMP: NO

Pipe REPORT ONLY:

Pipe END OF MONTH

Pipe TST EARLY STOP: DISABLED

LEAK TEST REPORT FORMAT
ENHANCED

Amela

LIQUID SENSOR SETUP

O1 L 1: UNLEAD STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

O1 L 2: UNLEAD ANULAR
TRI-STATE (SINGLE FLOAT)
CATEGORY : ANNULAR SPACE

Fi L 3: V-POWER STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

W L 4: V-POWER ANULAR
TRI-STATE (SINGLE FLOAT)
CATEGORY : ANNULAR SPACE

Cc L 5: DIESEL STP SUMP
TRI-STATE (SINGLE FLOAT)
CATEGORY : STP SUMP

schedule 9

alarm busted.

29th 2023

IM

IM

Jun Jul Aug Sep Oct Nov Dec

Tank Information

BVCBH	BVCBI
F	F
12	10
<i>Reserves</i>	

photos-20250916-210102.jpg

DEQ #	
Substance	
Est. Gallo	
Tank Mate	
Tank Insta	
Pipe Mater	
Pipe Type	
Pipe Instal	
Overfill De	

Information
BH BS

esxes

OUTPUT RELAY SETUP

R 1:OVERFILL
TYPE:
STANDARD
NORMALLY OPEN

IN-TANK ALARMS
ALL:OVERFILL ALARM
ALL:HIGH PRODUCT ALARM
ALL:MAX PRODUCT ALARM

HCA
Not

Operating
Operator
Financial Responsibility

19

AL...ORY REPORT
NK ALARM
AR UNLEAD

alarm busted.

photos-20250916-210108.jpg

* Invoice Angela - Devin Alvaraz

manager

B/C 8/4
L
12
Alvaraz
B/C 8/3
L
10

DEQ #	Substan	Em. Gt	Tank	Pipe	On	No
	ALARM HISTORY REPORT					
	14-Tank ALARM					
	7:1:REORDER (ALARM)					
	SETUP DATA WARNING					
	SEP 8, 2025 9:35 AM					
	PHR 29, 2023 12:30 PM					
	HIGH WATER ALARM					
	OCT 13, 2024 3:25 AM					
	OCT 13, 2024 2:04 AM					
	OCT 13, 2024 2:25 AM					
	OVERFILL ALARM					
	AUG 31, 2025 8:24 AM					
	JUL 9, 2025 7:21 AM					
	MAY 31, 2025 10:44 AM					
	LOW PRODUCT ALARM					
	OCT 13, 2024 3:29 AM					
	OCT 13, 2024 3:29 AM					
	OCT 13, 2024 3:17 AM					
	SURGEN LOSS ALARM					
	MAY 2, 2025 0:00 AM					
	HIGH PRODUCT ALARM					
	OCT 13, 2024 3:25 AM					
	OCT 13, 2024 3:25 AM					
	OCT 13, 2024 3:14 AM					
	INVALID PUEL LEVEL					
	AUG 17, 2025 2:51 PM					
	AUG 8, 2025 2:50 AM					
	OCT 13, 2024 3:20 AM					
	PROBE OUT					
	SEP 8, 2025 9:36 AM					
	AUG 14, 2018 7:34 AM					
	AUG 14, 2018 5:10 AM					
	HIGH WATER WARNING					
	OCT 13, 2024 3:25 AM					
	OCT 13, 2024 2:04 AM					
	OCT 13, 2024 2:25 AM					
	DELIVERY WARNED					
	AUG 17, 2025 5:19 PM					
	AUG 7, 2025 2:40 PM					
	JUL 21, 2025 10:20 AM					
	LOW PRODUCT ALARM					
	OCT 13, 2024 3:32 AM					
	OCT 13, 2024 3:25 AM					
	OCT 13, 2024 3:25 AM					
	PERIODIC TEST FAIL					
	JUL 20, 2012 9:11 AM					
	SEP 2, 2016 3:49 AM					
	AUG 12, 2016 4:03 AM					
	LOW TEMP WARNING					
	AUG 14, 2018 7:35 AM					
	AUG 14, 2018 4:51 AM					
	AUG 14, 2018 4:14 AM					

May Jun Jul Aug Sep Oct Nov Dec
 May Jun Jul Aug Sep Oct Nov Dec
 May Jun Jul Aug Sep Oct Nov Dec
 May Jun Jul Aug Sep Oct Nov Dec

B
 JM
 JM
 JM

29w 2025
 Alvaraz
 2024

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Alon Messoff
Angela - Devin

DEQ # _____

Substance _____

Est. Gallons _____

Tank Material _____

Tank Install E _____

Pipe Material _____

Pipe Type _____

Pipe Install _____

Overfill De _____

Notes:

IN-TANK ALARM
T 2:V-POWER

SETUP DATA WARNING
MAR 29, 2023 12:38 PM
MAR 29, 2023 12:38 PM
MAR 29, 2023 12:36 PM

HIGH WATER ALARM
MAR 29, 2023 12:30 PM

OVERFILL ALARM
OCT 13, 2024 1:21 AM
OCT 13, 2024 12:58 AM
MAR 29, 2023 12:36 PM

LOW PRODUCT ALARM
MAR 29, 2023 12:38 PM
JUL 11, 2020 6:11 PM
AUG 14, 2018 7:35 AM

HIGH PRODUCT ALARM
OCT 13, 2024 1:21 AM
OCT 13, 2024 12:58 AM
MAR 29, 2023 12:36 PM

INVALID FUEL LEVEL
MAR 29, 2023 12:37 PM
JUL 11, 2020 6:00 PM
AUG 14, 2018 7:35 AM

Oper: PROBE OUT
MAR 29, 2023 12:38 PM
AUG 14, 2018 7:34 AM
AUG 14, 2018 5:10 AM

Finan: HIGH WATER WARNING
MAR 29, 2023 12:30 PM

DELIVERY NEEDED
SEP 1, 2025 6:17 PM
AUG 23, 2025 6:43 AM
AUG 17, 2025 12:57 PM

MAX PRODUCT ALARM
OCT 13, 2024 1:20 AM
OCT 13, 2024 12:58 AM
OCT 13, 2024 12:58 AM

LOW TEMP WARNING
AUG 14, 2018 4:57 AM
AUG 14, 2018 4:15 AM

HCA

29th 20

alarm busted.

IM
IM

Jun Jul Aug Sep Oct Nov

photos-20250916-210155.jpg

Site Address: 100
City: Arlington

DEQ #
Substance
Est. Gallons
Tank Material
Tank Install Date
Pipe Material
Pipe Type
Pipe Install Date
Overfill Device

Notes:

ALARM HISTORY REPORT
---- IN-TANK ALARM ----
T 3: DIESEL OIL

OVERFILL ALARM
MAR 29, 2023 12:20 PM
JUN 20, 2022 3:48 AM
MAR 10, 2020 11:46 AM

LOW PRODUCT ALARM
OCT 13, 2024 12:59 AM
MAR 10, 2020 11:39 AM

INVALID FUEL LEVEL
OCT 13, 2024 2:42 AM
OCT 13, 2024 1:21 AM
OCT 13, 2024 1:13 AM

PROBE OUT
SEP 8, 2025 12:27 PM
SEP 8, 2025 12:25 PM
MAR 29, 2023 12:15 PM

HIGH WATER WARNING
AUG 13, 2025 4:22 PM

Operating
Operator DELIVERY NEEDED
SEP 3, 2025 8:24 AM
JUN 19, 2025 9:21 PM
MAY 21, 2025 2:01 PM

Financial
Walkthrough
Corrosion
Overfill
Spill Prevention
Release

LOW TEMP WARNING
OCT 13, 2024 12:59 AM
MAR 29, 2023 12:43 PM
AUG 14, 2018 5:04 AM

Information
H BFCB3
E
10

alarm busted.
29 Nov 2023

IM
IM

Jul Aug Sep Oct Nov Dec

Alan Messert
Amela - Device
In.ince
manager
HCA
Not

photos-20250916-210212.jpg

DEQ Inspection conducted

Facility Name: Arlington
 Site Address: 100 Beech
 City: Arlington

DEQ #
 Substance
 Est. Gallons
 Tank Material
 Tank Install Date
 Pipe Material
 Pipe Type
 Pipe Install Date
 Overfill Device

Notes:
HCA Not audible to replace

Operating Certificate
 Operator Training
 Financial Respons
 Walkthrough Ins
 Corrosion Protect
 erfill Preventi
 ill Preventi
 release

Amelia - Devin

ALARM HISTORY REPORT
 ----- SENSOR ALARM -----
 L 1: UNLEAD STP SUMP
 STP SUMP
 FUEL ALARM
 MAR 18, 2025 1:21 PM
 FUEL ALARM
 MAR 18, 2024 10:01 AM
 SENSOR OUT ALARM
 MAR 29, 2023 12:52 PM

* * * * * END * * * * *

ALARM HISTORY REPORT
 ----- SENSOR ALARM -----
 L 2: UNLEAD ANULAR
 ANNULAR SPACE
 FUEL ALARM
 MAR 18, 2025 1:21 PM
 FUEL ALARM
 MAR 18, 2024 10:06 AM
 SENSOR OUT ALARM
 MAR 29, 2023 12:52 PM

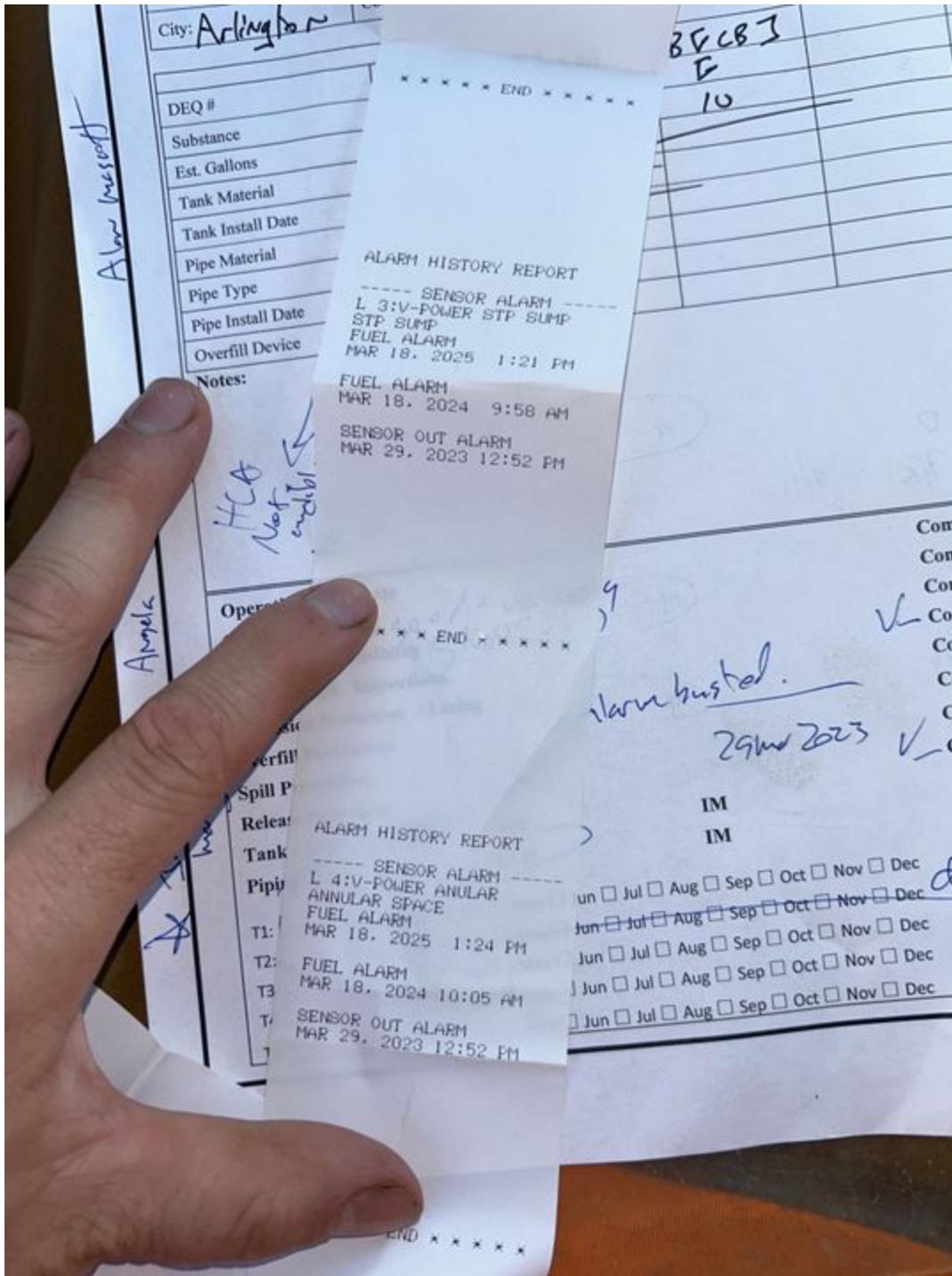
* * * * * END * * * * *

Time 12 Facility 9
 Contact:
 Phone:
FCB
E
10

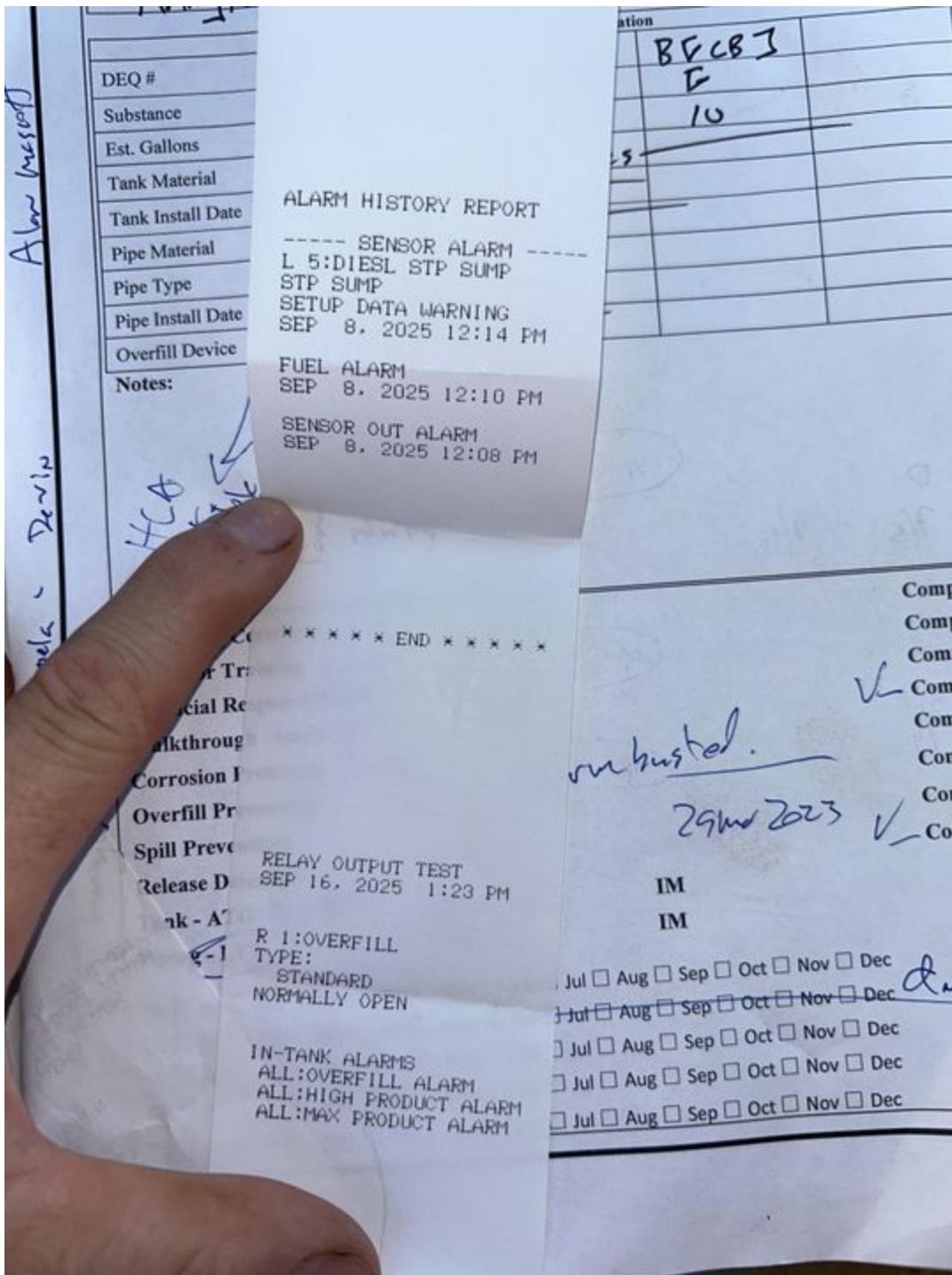
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hustal.
29th 2023

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Technical Compliance Rating - UST Inspection Report

Inspection conducted by Dylan Eckert Date 16 Sept 2025 Time 12 Facility 9058

Facility Name: <u>Arlington Shell</u>		Permittee: <u>Devon</u>	Contact:
Site Address: <u>100 Beach St.</u>		Organization:	Phone:
City: <u>Arlington</u>	County: <u>Gilliam</u>	Phone:	

Tank Information			
DEQ #	<u>BEKHD</u>	<u>BECBH</u>	<u>BECBJ</u>
Substance	<u>D</u>	<u>F</u>	<u>F</u>
Est. Gallons	<u>8</u>	<u>12</u>	<u>10</u>
Tank Material	<u>DW FEP</u>	<u>Zerkex</u>	
Tank Install Date	<u>97</u>		
Pipe Material	<u>envinor</u>		
Pipe Type	<u>Pressure</u>		
Pipe Install Date			
Overfill Device	<u>HLA</u>		

Notes:

HLA
 Not suitable
 → replace
 tomorrow
 newer
 pipes - DW
 plastic

Operating Certificate	Compliance: Y N
Operator Training <u>50% / 2 verified</u>	Compliance: <u>Y</u> N
Financial Responsibility <u>15 Nov 2022</u>	Compliance: <u>Y</u> N
Walkthrough Inspections	Compliance: <u>Y</u> N
Corrosion Protection Lining	Compliance: <u>Y</u> N
Overfill Prevention	Compliance: <u>Y</u> N
Spill Prevention:	Compliance: <u>Y</u> N
Release Detection:	Compliance: <u>Y</u> N
Tank - ATG <u>164-390</u> - <u>1927</u> SIR IM	Compliance: <u>Y</u> N
Piping - <u>LTT</u> <u>LLD</u> IM	Compliance: <u>Y</u> N

alarm busted.

29 Nov 2023

T1: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

T2: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec daily (SLD)

T3: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

T4: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

T5: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

photos-20250916-210241.jpg

Notes



This section for DEQ use only

State of Oregon
Department of
Environmental
Quality

Department of Environmental Quality
Underground Storage Tank Program

Field Citation
For UST Violations

DEQ Information		UST Facility Information	
Inspection Date:	09/16/2025	Facility ID#:	8058
Inspector:	Dylan ECKERT	Facility Name:	ARLINGTON SHELL
DEQ Office:	165 E 7th Ave 100	Facility Address:	100 BEECH ST, ARLINGTON, Oregon 97812
Phone #:	541-686-7517	County:	Gilliam

Oregon DEQ inspected the facility listed above and identified the UST violations listed on page 3 of this Field Citation.

Field Citation Issued:	<input type="checkbox"/> In Person	<input checked="" type="checkbox"/> By Email	<input type="checkbox"/> Both	Date Issued: 09/17/2025
Facility Representative Present During Inspection:				<input type="checkbox"/> Permittee <input type="checkbox"/> Owner <input type="checkbox"/> Other
Name of Permittee or Owner:	Devin Oil Company, Inc.			
Mailing Address:	PO Box 105 , Hermiston Oregon 97838			

Field Citation Penalty – See Page 3 for a detailed listing of each violation. \$ 150

Check payable to: DEQ Financial Services LBX3615; P.O. Box 3615; Portland OR 97208-3615

Or pay online through your YDO account

This Field Citation is issued in accordance with the requirements for the expedited enforcement of Underground Storage Tank (UST) violations, OAR 340-150-0250.

Owner or Permittee should select Option 1 or Option 2 below and return a signed copy of this form to DEQ by the following date: 10/17/2025

DEQ Revenue Section
700 NE Multnomah St. #600
Portland, Oregon 97232

Check one option

- Option 1** - I acknowledge that the listed violation(s) have occurred, and I am remitting the listed field citation penalty.
- Option 2** - I do not want to participate in the expedited enforcement process and understand that my file will be referred to the Department's Office of Compliance and Enforcement for formal enforcement action.

Name:	Owner / Permittee
Signature:	Date:

Important

Read pages 2 and 3 for more information about your options and a detailed listing of violations and compliance requirements.

Field Citation Requirements

The permittee or owner should select Option 1 or Option 2 and return a signed copy of Page 1 of the Field Citation form within thirty (30) days of issuance of the Field Citation. If the permittee or owner fails to sign and send Page 1 of the Field Citation form back or pay the penalty within thirty days, Option 1 expires, the Field Citation will serve as a Pre-Enforcement Notice (PEN) and the permittee and owner will be subject to formal enforcement, including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12.

The permittee or owner must complete the actions required to correct the violations listed on the Field Citation by the date specified to prevent further enforcement action by DEQ.

Option 1:

By checking Option 1, the permittee or owner acknowledges that the violations listed on Page 3 of this Field Citation have occurred and agrees to pay the established penalty.

By submitting payment of the penalty amount, the responding permittee or owner agrees to accept the field citation as a final order of the Environmental Quality Commission (commission) and waives any and all rights and objections to the form, content, manner of service and timeliness of the Field Citation; to a contested case hearing and judicial review of the Field Citation [OAR 340-150-0250(6)]; and to service of a copy of this Final Order (*i.e.*, no other copy will be provided).

Upon the Department's receipt of payment of the penalty amount set forth in the Field Citation, the Field Citation becomes a Final Order of the Commission that:

1. Imposes upon the permittee or owner a civil penalty in the amount listed on Page 1 of this Field Citation; and
2. Requires the permittee or owner to satisfactorily complete the requirements and actions necessary to correct the violations documented by the dates set forth on Page 3 of this Field Citation.

Failure by the permittee or owner to complete the actions set forth on Page 3 of the Field Citation by the specified date violates the Commission Order and subjects the permittee and owner to a formal enforcement action, including the imposition of additional civil penalties.

Option 2:

The permittee or owner may deny that the violations as listed on Page 3 of this Field Citation have occurred or contest the Field Citation process by checking Option 2 and submitting to the Department a signed copy of Page 1 of the Field Citation. In that event, the Field Citation will serve as a Pre-Enforcement Notice (PEN) and the permittee and owner will be subject to formal enforcement for those violations set forth in the Field Citation, including the imposition of civil penalties in accordance with OAR Chapter 340, Division 12. Civil penalties that will be imposed by the formal enforcement process will exceed the Field Citation penalties for the same violation(s).

The Department appreciates your cooperation and efforts to comply with the regulations for underground storage tank systems.

UST FIELD CITATION

DATE ISSUED: 09/17/2025

PROGRAM ENFORCEMENT No.: 2025-FC-9995

FACILITY ID: 8058

Page 3 of 3

Violation #1: (C2b) Failure to maintain operational overfill prevention equipment. Failure to repair or replace overfill equipment that is defective, improperly installed, damaged or may have been tampered with in a manner that prevents proper operation.
***TCR:**

Corrective Action: 1) Repair or replace overfill prevention equipment (high level alarm) and submit invoice of repair and post installation functionality test to DEQ prior to 29Sept2025.
 2) Submit invoice and repair for mechanical leak detector vapor tubes to DEQ prior to 29Sept2025.

Rule Citation: **OAR 340-150-0310(2)** Penalty Amount: \$ 150 Correct Violation by: 09/29/2025 Date Violation Corrected:

Violation #2:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Violation #3:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Violation #4:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Violation #5:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Violation #6:
***TCR:**

Corrective Action:

Rule Citation: **OAR** Penalty Amount: \$ Correct Violation by: Date Violation Corrected:

Total Penalty Amount: \$ **150**

YOU MUST CORRECT THE VIOLATIONS AS REQUIRED, ENTER THE DATES CORRECTED, SIGN THE STATEMENT BELOW, AND

RETURN THIS FORM TO THE DEQ INSPECTOR LISTED ON PAGE 1 ON OR BEFORE: 10/17/2025

Retain a copy of this form and all documentation of corrective actions for your records.

I hereby certify that the UST violations noted above have been corrected: _____ / _____

Permittee/Owner Signature

Date



APPENDIX C-6

OVERFILL ALARM OPERATION INSPECTION

Facility Name:	Owner:	
Address:	Address:	
City, State, Zip Code:	City, State, Zip Code:	
Facility I.D. #:	Phone #:	
Testing Company:	Phone #:	Date:

This procedure is to determine whether the high level alarm is operational and will trigger when the tank is no more than 90% full. See PEI/RP1200, Section 7.3 for the inspection procedure. This procedure is applicable to tank level monitor stems that touch the bottom of the tank when in place.

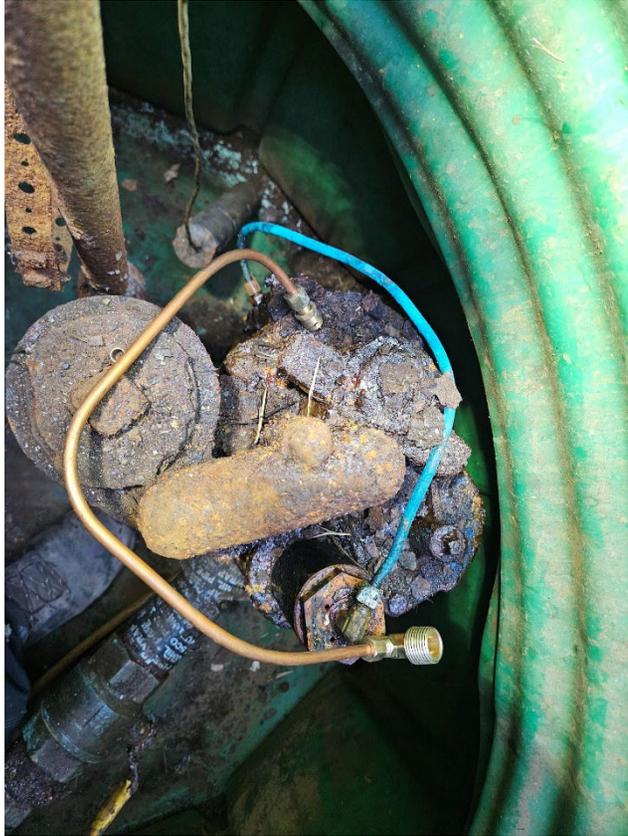
Tank Number				
Product Stored				
Tank Level Monitor Brand and Model				
1. Tank Volume, gallons				
2. Tank Diameter, inches				
3. Does the overfill alarm activate in the test mode at the console?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. When activated, can the overfill alarm be heard or seen while delivering to the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. After removing the probe from the tank, has it been inspected and any damaged or missing parts replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Float moves freely on the stem without binding?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Does moving product level float up the stem trigger alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Inch level from bottom of stem when 90% alarm is triggered.				
9. Tank volume at inch level in Line 8.				
10. Calculate (Line 9 / Line 1) x 100				
11. Is Line 10 less than 90%?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Does the fuel float level on the console agree with the gauge stick reading?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Does the overfill alarm activate at any product level above 90% tank capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

If any answers in Lines 3, 4, 5, 6, 7 or 11 are "No", or Line 13 is "Yes", the system has failed the test.

Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
---------------------	---	---	---	---

Comments:

Tester's Name _____ Tester's Signature _____



1:



2:



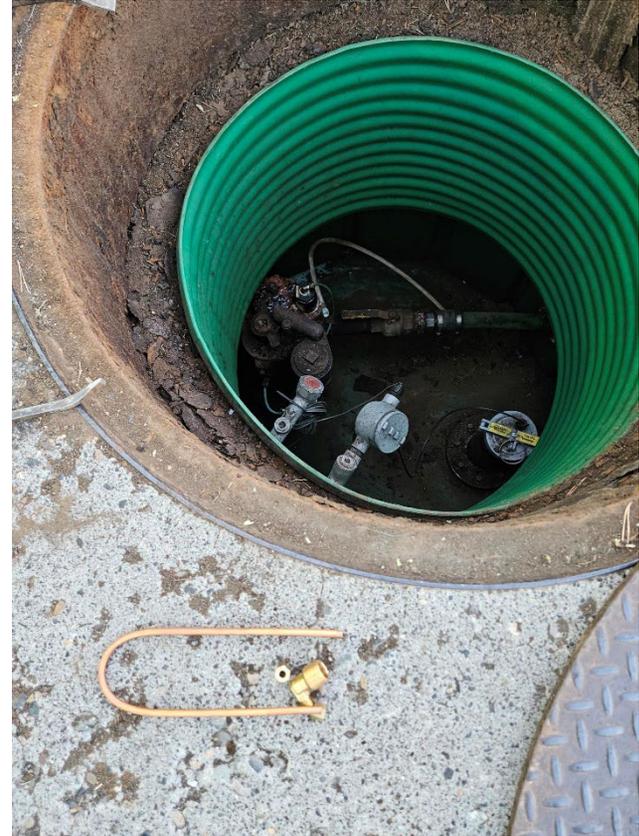
3:



4:



5:



6:



7:



8:



9:



10:



11:



12:

Re: 8058 - Arlington Shell - UST Inspection Follow-up

From UST Duty Officer * DEQ <UST.DutyOfficer@DEQ.oregon.gov>

Date Tue 9/30/2025 1:17 PM

To Stephanie Rivelli <srivelli@mascottec.com>; rich@devinoilinc.com <rich@devinoilinc.com>; smasnechevron@embarqmail.com <smasnechevron@embarqmail.com>; UST Duty Officer * DEQ <UST.DutyOfficer@deq.oregon.gov>; UST Duty Officer * DEQ <UST.DutyOfficer@deq.oregon.gov>; fuel@devinoilinc.com <fuel@devinoilinc.com>; ECKERT Dylan * DEQ <Dylan.ECKERT@deq.oregon.gov>

Cc FOSS Diana * DEQ <Diana.FOSS@deq.oregon.gov>; Jerod McMillan <jmcmillan@mascottec.com>

Good afternoon,

Thank you for sending images and report over, I see now that they were also submitted in YDO. Everything looks great.

The UST inspection for DEQ facility 8058 Arlington Shell located at 100 Beech St Arlington, OR is **officially CLOSED and COMPLETE.**

Thank you for the communication throughout this process and keeping your facility in compliance with Oregon rules and regulations.



Emily Litke (she/her)

Duty Officer, Underground Storage Tanks

DEQ Headquarters, Land Quality Division

700 NE Multnomah Street, Suite 600

Portland OR 97232-4100

503-806-9516

Emily.LITKE@deq.oregon.gov

From: Stephanie Rivelli <srivelli@mascottec.com>

Sent: Tuesday, September 30, 2025 11:24 AM

To: rich@devinoilinc.com <rich@devinoilinc.com>; smasnechevron@embarqmail.com

<smasnechevron@embarqmail.com>; UST Duty Officer * DEQ <UST.DutyOfficer@deq.oregon.gov>; UST Duty Officer * DEQ <UST.DutyOfficer@deq.oregon.gov>; fuel@devinoilinc.com <fuel@devinoilinc.com>; ECKERT Dylan * DEQ <Dylan.ECKERT@deq.oregon.gov>

Cc: FOSS Diana * DEQ <Diana.FOSS@deq.oregon.gov>; Jerod McMillan <jmcmillan@mascottec.com>

Subject: 8058 - Arlington Shell - UST Inspection Follow-up

Good morning

There seems to be some confusion about the missing paperwork for Arlington Shell. I submitted that paperwork to YDO, despite many failed attempts due to the website being down and acting up last week. Due to the many issues, perhaps it did not go through; however, I am including it all here again since there seems to be some confusion. All repairs were made and submitted by Wednesday September 24, 2025. We even provided a number of pictures for you as well as the technician's certifications and Oregon license to perform the repairs and retesting.

Please let me know if there is anything that is missing from this repair or anything else that you require from this site and I will ensure that it is sent over immediately. Thank you for your time. Have a good day.

Thank you,

Stephanie Rivelli

Assistant Billing Specialist

Assistant to the Compliance Coordinator

Direct Line 503-331-3882

Email: srivelli@mascottec.com



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Fee \$ 150.00 - Paid \$ 150.00 = Due \$ 0.00

Penalty

▶ 2025-fc-9995 \$ 150.00
① UST - Field Citation

1 Results

+ Add Penalty Send to FIMS

Payment

▼ Check by Mail 165878 \$ 150.00
📅 9/26/2025
① 55722

Type	Amount
Check by Mail	150
E-Payment Confirmation#	E-Payment Settle Date
	mm/dd/yyyy
Ref#	Payment Date
55722	09/26/2025
Comments	
2025-FC-9995	

(Remaining Length: 3988)

Site Info

ARLINGTON SHELL



100 BEECH ST, ARLINGTON, OR 97812
83751 ✓
299798
CEM_FacilityIdentifier=23449 UST (8058)
Stationary

Inspection Info

11031 Completed
UST
Full Compliance Inspection (FCI) TCR only
Start Date 9/16/2025
End Date 9/16/2025

Created & Updated Info